



An International Workshop on
Healing, Counselling & Therapy
Based on the Principles of Indian Psychology
(13th, 14th & 15th December 2012)

REGISTRATION FORM

Name of the participant :
(In capital letter)

Gender (Male / Female) :

Age :

Educational qualification :

Address for correspondence :

Contact – Telephone number :
E-mail (in capitals) :

Occupation & Address of organization /
Institute represented by the participant :

Your expectation from the 3 day workshop :

Details of registration fee :

D.D. No. _____ Bank _____

Date _____

Amount _____ Rupees in words _____

Signature of the participant